



**Individual Health Care Plan (IHCP) for Allergies - Elementary**

**CONFIDENTIAL**

You indicated on the school emergency form that your child had an allergy. This plan will identify your student's food, insect or latex allergies, the severity of the allergy, the allergy history, precautions to be taken and emergency response provision.

Individual Health Care Plan (IHCP) for \_\_\_\_\_ Allergen(s): \_\_\_\_\_

GOAL: Prevent allergic reactions from occurring and ensure student's safety at school \_\_\_\_\_

PROBLEM: \_\_\_\_\_  
 (Describe type of reaction: i.e. risk for anaphylaxis, hives)

PRECAUTIONS TO BE TAKEN : See Below

**Parent Questionnaire**

	Yes	No	N/A
1. My child will have medication(s) available at school for their allergy. List allergy medications used at home and/or at school: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. <i>For Nut Allergy Students Only:</i> My child will sit at a "nut-free zone" in the lunchroom. (If no, waiver required.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My child's EpiPen(s) will be kept: a. in the nurse's office only ..... b. in my child's possession only ..... c. in both the nurse's office and in my child's possession .....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. If my child is responsible for his/her own EpiPen(s), it will be kept: a. with my child at all times .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My child will only eat the food that I send for authorized classroom snack, treats (fruits and vegetables only) and all other occasions (classroom parties, birthday treats). If no or N/A please explain below: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will provide a shelf stable allergen free snack (fruit/veggie) that will be available in the classroom if needed (ie. student forgot snack at home).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent Responsibilities**

- Inform the nurse of my child’s allergies prior to the beginning of the school year or as soon as possible after a diagnosis.
- Complete and return the Emergency Action Plan.
- Provide the school with up-to-date medications as needed.
- Periodically teach and review with my child the following:
  - ✓ to recognize the first symptoms of an allergic/anaphylactic reaction.
  - ✓ to communicate as soon as he/she feels a reaction is starting.
  - ✓ to carry his/her own epinephrine auto-injector when appropriate.
  - ✓ to understand the importance of handwashing or using cleansing wipes (supplied by parent) before and after eating.
- My child will only eat the food that I send for lunch.
- Will notify school nurse if my child will be participating in any extracurricular activities.

**Student Responsibilities**

- Recognize the first symptoms of an allergic/anaphylactic reaction.
- Know where the epinephrine auto-injector is kept.
- Inform an adult as soon as accidental exposure occurs or symptoms appear.
- Carry own epinephrine auto-injector when appropriate.
- Avoid sharing or trading snacks, lunches or drinks.
- Wash hands or use a cleansing wipe (supplied by parent) before and after eating.
- Report any teasing, bullying and threats to an adult authority.

**School Nurse Responsibilities**

- Educate all staff that interacts with the student about food, insect, latex allergy symptoms and the steps required to implement the Emergency Action Plan. Review emergency procedures with teacher(s) prior to field trips as needed..
- Develop a plan for access to emergency medication when developing plans for fire drills, lockdowns, etc.
- If student rides the bus, provide a copy of the Emergency Action Plan to the bus company.
- A copy of the student’s Emergency Action Plan and IHCP will be kept in the health office, child’s homeroom and/or in the student’s temporary record.
- Provide annual training to staff on proper use of an epipen.

**Teacher Responsibilities**

- Student will be trained and/or encouraged to wash hands or use cleansing wipes (supplied by parent) before eating.
- Students in the classroom should be encouraged to wash their hands/use hand wipe upon arrival to school and after eating lunch.
- A student with a suspected allergic reaction will be accompanied to the health office or the nurse will be called to the location.
- Keep a copy of the student’s Emergency Action Plan and IHCP in the classroom sub folder.
- Inform parents of the allergic student in advance of any in-class events where food or allergens will be present.
- Notify parents, using the form provided, when food or products are used for class projects or science experiments and develop plans to prevent exposure.
- Plan for the following on field trips:
  - ✓ Review the Emergency Action Plan before the field trip.
  - ✓ Oversee cleaning the table of the student with food allergies before eating.
  - ✓ Remind the student with the food allergy to wash his/her hands before eating.
  - ✓ Remind the student with the food allergy to always and only eat food supplied by the parent.
  - ✓ Carry a cell phone to call 911 if needed.
- Implement the accommodations that parent indicated “yes” in the parent section.
- Follow District procedures for medication administration and emergency situation management including contacting of 911.

**Principal Responsibilities**

- Provide walkie-talkies to playground and P.E. staff.
- Delegate proper cleaning of the allergen free area in the lunchroom and designated food areas.
- Establish rules prohibiting sharing or trading of food at school.
- Establish and enforce rules that students bring only fruits and vegetables for optional snack to school.
- Establish an allergen free area in the lunchroom, if parent indicated this is needed.

The Individual Health Care Plan has been reviewed and signed by:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Administrator/Nurse

\_\_\_\_\_  
Date

Updated 12/2016